

COMMUNITY SERVICES AGENCY
INSPECTION DIVISION
100 N JEFFERSON ST
GREEN BAY, WI 54301



BUILDING PERMIT APPLICATION

Phone No.: 448-3300

Fax No.: 448-3117

Internet: www.green-bay.org

Applicant Please Fill Out Bolded Areas

Project Address: _____

PROPERTY OWNER	CONTRACTOR INFORMATION
Name	Name
Address	Address
Telephone No.	Telephone No.
	GB License No.

Property Owner – Do you own and occupy the above listed property? ☐ Yes ☐ No

Current Land Use (circle one): 1-Family 2-Family Multi-Family- # of Units _____

Commercial (describe) _____

Project Scope Fence (36) Driveway Expansion (35) Yard Shed (22)($<150 \text{ ft}^2$)
(Circle which ones apply):

Description of Property: _____

Estimated Cost of Construction: \$ _____

The applicant certifies that the information submitted, herein, is accurate; agrees to comply with the WI Admin. Code, Municipal Ord., and with the conditions of this permit; and understands that permit issuance creates no legal liability, expressed or implied, on the Department of Municipality.

Signature of Applicant _____

Date _____

*In order to issue a permit to do work on a property in the City of Green Bay, the applicant must own and occupy the property, or a building contractor holding the State of Wisconsin Credential & Qualifier cards.

Call (920) 448-3300 for required inspections between the hours of 8:00 am and 4:30 pm, Monday through Friday. Call during business hours to get on the new business day's schedule.

FOR OFFICE USE ONLY	PROJ #	PARCEL #	RECEIPT #	CHECK #
	DIST #	SITE Rvw	BLDG PERMIT	CREDENTIAL #
	REVIEWED BY:	TOTAL COST \$		